FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) **CLAIMS AFTER** AFTER **AS FILED** 1st AMENDMENT 2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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